

| <b>CLAIMS ONLY</b> |          |      |                        |      |                        |      | SERIAL NO.   | FILING DATE |
|--------------------|----------|------|------------------------|------|------------------------|------|--------------|-------------|
|                    |          |      |                        |      |                        |      | APPLICANT(S) |             |
| CLAIMS             |          |      |                        |      |                        |      |              |             |
|                    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |              |             |
|                    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. | *            | *           |
| 1                  | 1        |      |                        |      |                        |      |              |             |
| 2                  |          | 1    |                        |      |                        |      |              |             |
| 3                  |          | 1    |                        |      |                        |      |              |             |
| 4                  |          | 1    |                        |      |                        |      |              |             |
| 5                  |          | 1    |                        |      |                        |      |              |             |
| 6                  |          | 1    |                        |      |                        |      |              |             |
| 7                  |          | 1    |                        |      |                        |      |              |             |
| 8                  |          | 1    |                        |      |                        |      |              |             |
| 9                  |          | 1    |                        |      |                        |      |              |             |
| 10                 |          | 1    |                        |      |                        |      |              |             |
| 11                 |          | 1    |                        |      |                        |      |              |             |
| 12                 |          | 1    |                        |      |                        |      |              |             |
| 13                 |          | 1    |                        |      |                        |      |              |             |
| 14                 |          | 1    |                        |      |                        |      |              |             |
| 15                 |          | 1    |                        |      |                        |      |              |             |
| 16                 |          | 1    |                        |      |                        |      |              |             |
| 17                 |          | 1    |                        |      |                        |      |              |             |
| 18                 |          | 1    |                        |      |                        |      |              |             |
| 19                 |          | 1    |                        |      |                        |      |              |             |
| 20                 |          | 1    |                        |      |                        |      |              |             |
| 21                 |          | 1    |                        |      |                        |      |              |             |
| 22                 |          | 1    |                        |      |                        |      |              |             |
| 23                 |          | 1    |                        |      |                        |      |              |             |
| 24                 |          | 1    |                        |      |                        |      |              |             |
| 25                 |          | 1    |                        |      |                        |      |              |             |
| 26                 |          | 1    |                        |      |                        |      |              |             |
| 27                 | 1        |      |                        |      |                        |      |              |             |
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| 30                 |          | 1    |                        |      |                        |      |              |             |
| 31                 | 1        |      |                        |      |                        |      |              |             |
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| 41                 |          |      |                        |      |                        |      |              |             |
| 42                 |          |      |                        |      |                        |      |              |             |
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| 44                 |          |      |                        |      |                        |      |              |             |
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| 46                 |          |      |                        |      |                        |      |              |             |
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| TOTAL IND.         | 4        | ↓    |                        | ↓    |                        | ↓    |              |             |
| TOTAL DEP.         | 27       | ↓    |                        | ↓    |                        | ↓    |              |             |
| TOTAL CLAIMS       | 31       |      |                        |      |                        |      |              |             |

  

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| 100          |  |   |  |   |  |   |
| TOTAL IND.   |  | ↓ |  | ↓ |  | ↓ |
| TOTAL DEP.   |  | ↓ |  | ↓ |  | ↓ |
| TOTAL CLAIMS |  |   |  |   |  |   |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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